U.S. Patient and Trademark Reduction Act of 1995, no persons are required to respond to a collection of inferential control of the Conference of the Confere

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)	Docket Number (Option	onal)
FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)	056291-5377	
Application Number 10/536,687	Filed May 27, 2005	
For Oxazolidinones as Antibacterial Agents		
Art Unit 1625	Examiner B. Robinson	
This is a request under the provisions of 37 CFR 1.136(a) to extend the periapplication.	od for filing a reply in the	he above identified
The requested extension and fee are as follows (check time period desired a	and enter the appropria	ate fee below):
<u>Fee</u>	Small Entity Fee	
One month (37 CFR 1.17(a)(1)) \$120	\$60	\$
Two months (37 CFR 1.17(a)(2)) \$460	\$230	\$
Three months (37 CFR 1.17(a)(3)) \$1050	\$525	\$
Four months (37 CFR 1.17(a)(4)) \$1640	\$820	S
Five months (37 CFR 1.17(a)(5)) \$2230	\$1115	S
Applicant claims small entity status. See 37 CFR 1.27.		
A check in the amount of the fee is enclosed.		
Payment by credit card. Form PTO-2038 is attached.		
The Director has already been authorized to charge fees in this a	pplication to a Depo	osit Account.
The Director is hereby authorized to charge any fees which may Deposit Account Number 50-0310 , I have er	be required, or credi closed a duplicate of	it any overpayment, to
WARNING: Information on this form may become public. Credit card Inform Provide credit card information and authorization on PTO-2038.	ation should not be inc	luded on this form.
I am the applicant/inventor.		
assignee of record of the entire interest. See 37 Cf Statement under 37 CFR 3.73(b) is enclosed (F	R 3.71. orm PTO/SB/96).	
attorney or agent of record. Registration Number _	5,397	
attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34		
Sally The	June	23, 2008
Signature		Date
Sally P. Teng		2-739-5734
Typed or printed name		one Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their represent signature is required, see below.	ative(s) are required. Submit	t multiple forms if more than one
✓ Total of one (1) forms are submitted.		

complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time self-vary depending upon the includiact cases. An occurrent so the amount of time you require to complete this form and/or suggestions for reducing this buttering, should be sent to the Chief Information Officer. U.S. Pleast and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, V.A. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMSTO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, V.A. 22313-1450.